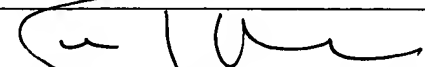


UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new non-provisional applications under 37 CFR 1.53(b))

Attorney Docket N .		HSJ9-2003-0095US1		(0107-0036)	
First Inventor or Application Identifier:		Contreras			
Title:		PREAMPLIFIER CIRCUIT WITH SIGNAL INTERFERENCE CANCELLATION SUITABLE FOR USE IN MAGNETIC STORAGE DEVICES			
Express Mail Label No.:		EV 300426009 US			
Application Elements <small>(See MPEP chapter 600 concerning utility patent application contents)</small>			ADDRESS TO: MAIL STOP PATENT APPLICATION Commissioner For Patents P.O. Box 1450 Alexandria, VA 22313-1450		
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>1. <input checked="" type="checkbox"/> Fee Transmittal Form <small>(Submit an original, and a duplicate for fee processing)</small></p> <p>2. <input checked="" type="checkbox"/> Specification [Total Pages <u>24</u>] <small>(preferred arrangement set forth below)</small></p> <ul style="list-style-type: none"> • Descriptive title of the Invention • Cross References to Related Applications • Statement Regarding Fed sponsored R&D • Background of the Invention • Brief Summary of the Invention • Brief Description of the Drawings (if filed) • Detailed Description • Claim(s) • Abstract of the Disclosure <p>3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total sheets <u>5</u>]</p> <p>4. <input checked="" type="checkbox"/> Oath or Declaration [Total Pages <u>3</u>]</p> <p style="margin-left: 20px;">a. <input type="checkbox"/> Newly executed (original or copy)</p> <p style="margin-left: 20px;">b. <input type="checkbox"/> Copy from prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 17 completed)</small> <small>[Note Box 5 below]</small></p> <p style="margin-left: 20px;">i. <input type="checkbox"/> Deletion of Inventor(s) <small>Signed statement attached in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small></p> <p>5. <input type="checkbox"/> Incorporation by Reference (useable if Box 4b is checked) <small>The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.</small></p> </div> <div style="width: 45%;"> <p>6. <input type="checkbox"/> Microfiche Computer Program (Appendix)</p> <p>7. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small></p> <p style="margin-left: 20px;">a. <input type="checkbox"/> Computer Readable Copy</p> <p style="margin-left: 20px;">b. <input type="checkbox"/> Paper Copy (identical to computer copy)</p> <p style="margin-left: 20px;">c. <input type="checkbox"/> Statement Verifying identity</p> </div> </div>					
ACCOMPANYING APPLICATION PARTS					
<p>8. <input checked="" type="checkbox"/> Assignment</p> <p>9. <input type="checkbox"/> 37 CFR 3.73(b) Statement <small>(when there is an assignee)</small></p> <p>10. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>11. <input checked="" type="checkbox"/> Information Disclosure <input checked="" type="checkbox"/> Copies of IDS <small>Statement (Form 1449) Citations</small></p> <p>12. <input type="checkbox"/> Preliminary Amendment</p> <p>13. <input checked="" type="checkbox"/> Return Receipt Postcard (CPEP 503) <small>(Should be specifically itemized)</small></p> <p>14. <input type="checkbox"/> Small Entity <input type="checkbox"/> Statement filed in prior application, <small>Statement Status is still proper and desired</small></p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small></p> <p>16. <input checked="" type="checkbox"/> OTHER: Express Mail Certification <small>Check # <input type="text"/> (\$ <input 6"="" type="text/>)</small></p> </td> </tr> <tr> <td colspan="/> <p>17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:</p> <p><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-In-Part of prior application no.:</p> <p>Prior application information: Examiner: <input type="text"/> Group/Art Unit: <input type="text"/></p> </small></p>					
18. CORRESPONDENCE ADDRESS					
<div style="display: flex;"> <div style="width: 30%;"> <p><input type="checkbox"/> Customer Number <input type="text"/></p> <p><input type="checkbox"/> Or Bar Code Label</p> </div> <div style="width: 70%; border: 1px solid black; height: 100px; margin-left: 10px;"></div> </div> <p>OR</p> <p><input checked="" type="checkbox"/> Correspondence Address Below</p>					
NAME		ATTN: John J. Oskorep			
ADDRESS		One Magnificent Mile Center 980 N. Michigan Avenue, Suite 1400 Chicago, Illinois 60611			
Telephone: 312-222-1860		Fax No.: 312-214-6303			
Name (print/type)		JOHN J. OSKOREP		Registration No.: 41,234 <small>(Attorney/Agent)</small>	
Signature				Date: 11 Feb 2004	

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021104

FEE TRANSMITTAL

Attorney Docket No.	HSJ9-2003-0095US1
First Named Inventor:	Contreras
Application Number	not yet assigned
Filing Date:	not yet assigned
Examiner Name:	not yet assigned
Group/Art Unit:	not yet assigned

TOTAL AMOUNT OF PAYMENT:	\$1076.00
METHOD OF PAYMENT (check One)	<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and/or credit any over payment to:</p> <p>Deposit Account No.: 50-2587 Deposit Account Name: Hitachi Global Storage Technologies</p> <p><input checked="" type="checkbox"/> Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p>2. <input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p>

2. UTILITY Basic Filing Fee & Claims

(1) For	(2) No. filed	(3) No. extra	(4) Large Entity	(5) Small Entity	(6) Calculations
Basic Filing Fee	XX	XX	\$ 770.00	\$385.00	\$ 770.00
Total Claims	30 - 20 =	10	X \$ 18.00	X \$ 9.00	\$ 180.00
Independent Claims	4 - 3 =	1	X \$ 86.00	X \$ 43.00	\$ 86.00
Multiple Dependent Claim(s) (if applicable)	0		\$ 290.00	\$145.00	\$ 0.00
Total of above Calculations =					\$ 1036.00

Basic Filing Fee	Large Entity	Small Entity	Total
Design filing fee	\$ 340.00	\$ 170.00	\$ 0.00
Reissue filing fee	\$ 770.00	\$ 385.00	\$ 0.00
Provisional filing fee	\$ 160.00	\$ 80.00	\$ 0.00
Total of above Calculations =			\$ 0.00

3. ADDITIONAL FEES

Fee Description	Large Entity	Small Entity	Other
Assignment Recordation	\$ 40.00	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
TOTAL:			\$ 40.00

Name (print/type)	John J. Oskorep	Registration No.: (Attorney/Agent)	41,234
Signature		Date	11 Feb 2004